

# DEA Mulls Drug Disposals

## Industry Backs National Dispensing System

Long term care providers face an inconsistent web of federal and state rules and restrictions governing the disposal of unused pharmaceuticals, including controlled substances, according to the American Health Care Association (AHCA) in recent comments to the federal Drug Enforcement Administration (DEA) on the issue.

The DEA contends that automatic dispensing systems (ADS) present a possible solution for providers' management of controlled substances; but some state laws bar the use of ADS for dispensing and returning all unused medication.

Instead, AHCA advocates a national approach, supported by state regulators and other relevant agencies, that would allow providers to send unused drugs to an "authorized collecting entity" that would safely dispose of the drugs.

A range of circumstances may result in a facility holding excess drug dos-

ages, including the death or transfer of a patient; a change in medication orders; and pharmacies that won't take back medications, the comments stated. Some facilities report that 10 percent to 30 percent of their unused medications are controlled substances.

"Safe handling issues have and continue to be an important concern for [long term care] providers who strive to promptly meet the medication needs of their patients while ensuring that unused drugs are kept safe from tampering and diversion and are disposed of in an environmentally-safe manner," AHCA said. As most providers are not registered with the DEA and do not operate their own pharmacies, they are subject to limitations on the amount of drugs they can order and store, and the way in which those drugs are destroyed, the comments said.

The comments also addressed the DEA's inconsistent interpretation of "practitioner's agent." Current law requires prescribing practitioners to

manually sign prescriptions for certain controlled substances, making it difficult to respond quickly to a long term care patient's changing medication needs.

To avoid delays, the DEA allows long term care nurses to take telephone orders for these Schedule II drugs from physicians and fax them to the pharmacy. Some states, however, require the physician to also call the pharmacy, thus negating the intended streamlining effect of allowing a nurse to act as the "practitioner's agent." This inconsistency "hinders nurses in meeting patient medication needs," and often requires them to "track down physicians" during off hours to accommodate patient condition changes and new admissions," AHCA said. The comments called for DEA to clarify this regulation and "identify when physician signatures, call-ins, and faxes are required."

—Lynn Wagner